



Uniform Complaint Procedures Form

Last Name _____ First Name _____

Student Name (if applicable) _____

Grade _____ Date of Birth _____

Address _____ Apt. # _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Work Phone _____ Email _____

Date of Alleged Violation ____ / ____ / ____

School/Office of Alleged Violation _____

For allegations of noncompliance, please check the program or activity referred to in your complaint, if applicable:

- | | | |
|--|---|--|
| <input type="checkbox"/> Consolidated Categorical Aid | <input type="checkbox"/> After School Education/Safety | Content/Already Satisfied for Graduation/ |
| <input type="checkbox"/> Migrant Education | <input type="checkbox"/> Agricultural Vocational Education | Postsecondary Education |
| <input type="checkbox"/> Career/Technical Education | <input type="checkbox"/> NCLB | <input type="checkbox"/> American Indian Education |
| <input type="checkbox"/> Child Care & Development | <input type="checkbox"/> Tobacco-Use Education | Centers & Early Childhood |
| <input type="checkbox"/> Child Nutrition | <input type="checkbox"/> Local Control Accountability Plan (LCAP) | Education Program |
| <input type="checkbox"/> Special Education | <input type="checkbox"/> Physical Education Minutes | Assessments |
| <input type="checkbox"/> Pupil Fees for Educational Activities | <input type="checkbox"/> Courses without Educational | |
| <input type="checkbox"/> Foster/Homeless | | |

For complaints of discrimination, harassment, intimidation and/or bullying (employee-to-student, student-to-student, and third party to student), please check which of the actual or perceived protected characteristics upon which the alleged conduct was based:

- | | | |
|--|---|--|
| <input type="checkbox"/> Sex | <input type="checkbox"/> Religion | <input type="checkbox"/> Association with a person |
| <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Nationality | or group with one or more |
| <input type="checkbox"/> Gender | <input type="checkbox"/> National Origin | of the actual or perceived |
| <input type="checkbox"/> Gender Identity | <input type="checkbox"/> Age | categories listed above |
| <input type="checkbox"/> Gender Expression | <input type="checkbox"/> Color | |
| <input type="checkbox"/> Ancestry | <input type="checkbox"/> Mental or Physical | |
| <input type="checkbox"/> Ethnic Group Identification | Disability | |
| <input type="checkbox"/> Race or Ethnicity | <input type="checkbox"/> Lactating Student | |

For complaints of bullying that are not based on the above listed protected characteristics, and other complaints not listed on this form, please contact your school Title IX/Bullying Complaint Manager, School Principal or Administrator.

Title IX Bullying/Complaint Managers

Rachel Woodward
rwoodward@wishcharter.org
310-642-9474

Trisha Lee
tlee@wishcharter.org
310-642-9474

School Principals

Elementary School

Jessica Oney
joney@wishcharter.org
310-642-9474

Middle School

Chelsie Murphy
cmurphy@wishcharter.org
310-410-9940

High School

Dr. Kimberly Johnson
kjohnson@wishcharter.org
310-743-6990

1. Please give the facts about your complaint. Provide details such as the names of those involved, dates, whether witnesses were present, etc., that may be helpful to the complaint investigator.

2. Have you attempted to discuss your complaint with any WISH Charter personnel? If so, with whom and what was the result? _

3. Please provide copies of any written documents that may be relevant or supportive of your complaint.

I have attached supporting documents. **Yes**___ **No**___

Signature _____

Date _____

Submit your complaint/documents to your school's Title IX/Bullying Complaint Manager, School Principal or Administrator.